


A

DEC-03

9:42:02 AM WATSON, FEES, & JIMMERSON

C NO. 1 258 538 2583

P. 03

CX-431	10 PAYMENT LIFE INSURANCE
	<i>Service</i> INSURANCE COMPANY of Alabama
	BIRMINGHAM, ALA.
	
PREMIUMS PAYABLE FOR 10 YEARS	
(AMOUNT OF INSURANCE GRADED FOR AGES UNDER 31)	
READ YOUR POLICY	

SCHEDULE

NAME OF INSURED	BENEFICIARY		TYPE POLICY	
MOORE ELLEN G	MOORE PAULINE		CX	CX
CX 929'921	11	15	54	5
	55	\$	500	4
	115			
POLICY NUMBER	MO.	DAY	YR.	AGE*
	DATE OF ISSUE			
		(CENTS) WEEKLY PREMIUM	AMOUNT OF INSURANCE	DIST.
				DEBIT

*INSUREE'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Burial Service Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19__

DEC-07

DEC 09 02 AM

WATSON, FEES, & JIMMERSON

NO. 1 255 538 2683

P. 04

Service

INSURANCE COMPANY
of Alabama

BIRMINGHAM, ALA.

Will pay to the beneficiary in accordance with the provisions of this Policy the amount of Insurance granted hereunder upon receipt of due proof of the death of the Insured whose name appears in the schedule on the fourth page hereof.

CONSIDERATION—The Insurance is granted hereunder in consideration of the payment in advance of the weekly premium stated in the schedule on Page 4 hereof on or before each Monday beginning with the date of issue of this Policy and continuing until premiums shall have been paid for 10 years or until prior death of the Insured.

AMOUNT OF INSURANCE—The amount of Insurance hereunder is the amount set out in the schedule herein, unless at date of death the Insured is under three years of age, in which event, the amount payable for each \$100 set out in the said schedule shall be as follows:

- (a) Under three months of age at death, twelve dollars;
- (b) Three months or over but under one year of age at death, eighteen dollars;
- (c) One year or over but under two years of age at death, twenty-four dollars;
- (d) Two years or over but under three years of age at death, sixty-five dollars;
- (e) Three years of age or over at death, full benefit.

(1) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(2) **PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a weekly premium. However, if premiums are paid Annually (52 weeks) in advance at one time, such Annual Premium shall be calculated by multiplying the stated weekly premium by 48.8. If premiums are paid Semi-Annually (26 weeks) in advance at one time, the Semi-Annual Premiums shall be calculated by multiplying the weekly premium stated by 24.7.

(3) **GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first, during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

(4) **REINSTATEMENT**—In the event this Policy should lapse it may be reinstated at any time within three years after due date of the first premium in such default, upon the furnishing to the Company of evidence of insurability satisfactory to the Company and the payment of all premiums in default unless the Extended Insurance has expired or the Cash Surrender Value has been paid.

(5) **EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

In Witness Whereof, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing herein.



AC Brown

SECRETARY

W. B. Sowell

PRESIDENT

10 PAYMENT LIFE INSURANCE—PREMIUMS PAYABLE 10 YEARS

DEC-0

WED 09:03 AM

WATSON, REES, & JIMMERSON

EX NO. 1 258 536 2883

P. 05

TABLE OF NON-FORFEITURE BENEFITS
FOR A POLICY FOR WHICH THE AMOUNT OF INSURANCE IS \$100

Age at Issue	2 YEARS			4 YEARS			6 YEARS			8 YEARS			10 YEARS			12 YEARS			14 YEARS			Age at Termination
	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	Est. Ins.	Paid Up	Cash Value	
	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	Mon. A	Mon. B	Mon. C	
1	22	120	118	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	1
2	25	121	119	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	2
3	27	122	120	122	122	122	122	122	122	122	122	122	122	122	122	122	122	122	122	122	122	3
4	28	123	121	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123	4
5	29	124	122	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	5
6	30	125	123	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	6
7	31	126	124	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	7
8	32	127	125	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	8
9	33	128	126	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	9
10	34	129	127	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	10
11	35	130	128	130	130	130	130	130	130	130	130	130	130	130	130	130	130	130	130	130	130	11
12	36	131	129	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	12
13	37	132	130	132	132	132	132	132	132	132	132	132	132	132	132	132	132	132	132	132	132	13
14	38	133	131	133	133	133	133	133	133	133	133	133	133	133	133	133	133	133	133	133	133	14
15	39	134	132	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	15
16	40	135	133	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	16
17	41	136	134	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	17
18	42	137	135	137	137	137	137	137	137	137	137	137	137	137	137	137	137	137	137	137	137	18
19	43	138	136	138	138	138	138	138	138	138	138	138	138	138	138	138	138	138	138	138	138	19
20	44	139	137	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	20
21	45	140	138	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	21
22	46	141	139	141	141	141	141	141	141	141	141	141	141	141	141	141	141	141	141	141	141	22
23	47	142	140	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	23
24	48	143	141	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	24
25	49	144	142	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	25
26	50	145	143	145	145	145	145	145	145	145	145	145	145	145	145	145	145	145	145	145	145	26
27	51	146	144	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	27
28	52	147	145	147	147	147	147	147	147	147	147	147	147	147	147	147	147	147	147	147	147	28
29	53	148	146	148	148	148	148	148	148	148	148	148	148	148	148	148	148	148	148	148	148	29
30	54	149	147	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	30
31	55	150	148	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	31
32	56	151	149	151	151	151	151	151	151	151	151	151	151	151	151	151	151	151	151	151	151	32
33	57	152	150	152	152	152	152	152	152	152	152	152	152	152	152	152	152	152	152	152	152	33
34	58	153	151	153	153	153	153	153	153	153	153	153	153	153	153	153	153	153	153	153	153	34
35	59	154	152	154	154	154	154	154	154	154	154	154	154	154	154	154	154	154	154	154	154	35
36	60	155	153	155	155	155	155	155	155	155	155	155	155	155	155	155	155	155	155	155	155	36
37	61	156	154	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	37
38	62	157	155	157	157	157	157	157	157	157	157	157	157	157	157	157	157	157	157	157	157	38
39	63	158	156	158	158	158	158	158	158	158	158	158	158	158	158	158	158	158	158	158	158	39
40	64	159	157	159	159	159	159	159	159	159	159	159	159	159	159	159	159	159	159	159	159	40
41	65	160	158	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	41
42	66	161	159	161	161	161	161	161	161	161	161	161	161	161	161	161	161	161	161	161	161	42
43	67	162	160	162	162	162	162	162	162	162	162	162	162	162	162	162	162	162	162	162	162	43
44	68	163	161	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163	44
45	69	164	162	164	164	164	164	164	164	164	164	164	164	164	164	164	164	164	164	164	164	45
46	70	165	163	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	46
47	71	166	164	166	166	166	166	166	166	166	166	166	166	166	166	166	166	166	166	166	166	47
48	72	167	165	167	167	167	167	167	167	167	167	167	167	167	167	167	167	167	167	167	167	48
49	73	168	166	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	49
50	74	169	167	169	169	169	169	169	169	169	169	169	169	169	169	169	169	169	169	169	169	50
51	75	170	168	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	51
52	76	171	169	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	52
53	77	172	170	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	53
54	78	173	171	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	54
55	79	174	172	174	174	174	174	174	174	174	174	174	174	174	174	174	174	174	174	174	174	55
56	80	175	173	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	56
57	81	176	174	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	57
58	82	177	175	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	58
59	83	178	176	178	178	178	178	178	178	178	178	178	178	178	178	178	178	178	178	178	178	59
60	84	179	177	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	60

*To obtain the amount of Paid-Up Insurance or the Cash Surrender Value for a policy for which the ultimate amount of Insurance is greater or less than \$100, the value stated should be increased or decreased proportionately; e.g., if the ultimate amount of Insurance is \$200 the value should be doubled. The periods of Extended Insurance are the same whatever the amount of Insurance.

†Premiums must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated.

DEC-1

JED 09-04 AM

WATSON, FEEB, & JIMMERSON

NO. 1 253 538 2863

P. 36

(8) **MISSTATEMENT OF AGE**—In the event the age at Issue is incorrectly stated herein, the Amount of Insurance hereof shall be such as the premiums paid would have purchased at the correct age, and all other benefits shall be based on such correct age and such amount of insurance.

(7) **INCONTESTABILITY**—After this Policy has been continued in force during the lifetime of the Insured for a period of one year from its date of issue it shall thereafter be incontestable except for non-payment of premiums.

(8) **BENEFICIARY**—By written notice to the Company the Insured may from time to time name a new beneficiary, subject to evidence of insurable interest satisfactory to the Company, but no such change shall be effective until endorsed on this Policy by the Company.

If the beneficiary dies before the Insured the Estate of the Insured shall then automatically become the beneficiary thereof. If the Insured's estate is the Beneficiary, the Company will make payment to the Insured's executor or administrator, provided, however, that the Company may make payments to any relative by blood or marriage, or to any person appearing to the Company to be equitably entitled to such payment because of having incurred expense for the maintenance, medical attention or burial of the Insured. If the beneficiary is a minor, or is otherwise not legally qualified to give a valid release at the time of payment hereof the Company may make payment to any person who furnishes evidence satisfactory to the Company that such person is responsible for, or is actually contributing to the support of the beneficiary.

(9) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(10) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(11) **LOSS OF EYESIGHT OR LIMBS**—After the third anniversary of the Insured's birth and during the lifetime of the Insured, if the Company shall receive due proof that during the continuance of this Policy, otherwise than as Extended Insurance or reduced Paid-Up Insurance provided in the Non-Forfeiture Benefits, the Insured has suffered any of the losses set forth below solely as a result of disease contracted or injuries sustained after the date hereof and that thirty days have elapsed since such loss, total and permanent disability shall then be deemed to exist, and upon surrender of this Policy and its premium receipt book, the Company will make immediate payment as set forth below, provided, however, that such loss was not sustained from service in the Military or Naval forces of any country at war.

A sum equal to the amount insured hereunder shall be payable in the event of

(i) loss by severance of both hands at or above the wrists;

(ii) loss by severance of both feet at or above the ankles;

(iii) loss by severance of one hand at or above the wrist and one foot at or above the ankle;

(iv) complete and irrecoverable loss of sight of both eyes prior to the seventeenth anniversary of the Insured's birth.

In addition to the payments set out herein for such loss the Company will endorse this Policy with a waiver of all further premiums, paying at death the amount insured hereunder.

(12) **OPTION TO SURRENDER WITHIN TWO WEEKS**—If the terms of this Policy are not accepted and agreed to it may be surrendered for cancellation at the District Office of the Company through which it was delivered within two weeks from the date hereof and all premiums paid will be refunded.

(13) **PRIVILEGE OF EXCHANGE**—Upon written application and evidence of insurability satisfactory to the Company this Policy may be surrendered to the Company in exchange for another policy on any plan then issued by the Company requiring premium payments less frequent than weekly, provided, the new policy is for at least the minimum amount issued by the Company on the plan applied for. In executing such change the full reserve on this Policy shall be applied to reduce premium payments on the new policy in accordance with the terms and conditions then agreed upon with the Company.

(14) **NON-FORFEITURE BENEFITS—Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the Table of Non-Forfeiture Values herein the Amount of Insurance granted under this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in the column marked "A" in the said Non-Forfeiture Table. The term of Extended Insurance shall commence on the due date of the first premium in default.

(A) **PAID-UP LIFE INSURANCE**—After this Policy has been in force with premiums paid for the number of years shown in the table below, the Insured may, by making written application upon blanks furnished by the Company within thirteen weeks of the due date of the first premium in default, have this Policy endorsed for a reduced amount of Paid-Up Life Insurance payable at the death of the Insured. Such amount shall be in accordance with the amount stated in Column "B" in the table of Non-Forfeiture Values, provided, however, that such amount of Paid-Up Life Insurance shall be in lieu of Extended Insurance.

(B) **CASH SURRENDER VALUE**—After this Policy has been in force with premiums paid for five full years upon written request to the Company and the surrender of this Policy and all premium receipt books or other evidence of premium payments the Company will pay the Cash Surrender Value set out in Column "C" in the Table of Non-Forfeiture Values less any indebtedness due the Company hereon. Such written request must be made within thirteen weeks of the due date of the first premium in default.

The basis of reserves for this Policy is the 1941 Standard Industrial Mortality Table (Illinois Standard) with interest at 3½% per year.

For the years subsequent to the 20th the values are to be the equivalent of the full reserves according to the foregoing standard. Proportionate increase will be made in the non-forfeiture values shown in the table for each additional completed quarter year of premium payments.

(15) **ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeiture, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

The maximum amount of cash insurance to any policyholder of this Company is limited to Five Hundred Dollars (\$500.00) for natural death. The total liability of this Company for all policies of cash insurance in force by it on the life of the person insured by this Policy for natural death shall be the lesser of Five Hundred Dollars (\$500.00) or the sum of benefits payable under all such policies.

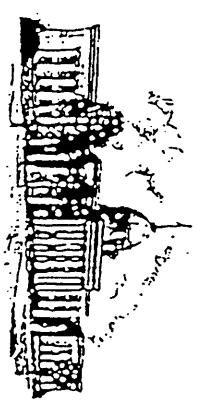
B

DUPLICATE

BURIAL POLICY

SERVICE of Alabama
INSURANCE COMPANY

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR
15 YEARS

—

READ YOUR POLICY

—

AUTHORIZED UNDERTAKER

F-0-55

SCHEDULE

DUPLICATE

NAME OF INSURED		BENEFICIARY		TYPE POLICY	
WILLIAMS FANNIE		VOID - SEE ENDORSEMENT WILLIAMS CURTIS T.		F	
F	2341927	4	5	65	38
POLICY NUMBER		MO. DAY YR. DATE OF ISSUE		AGE*	\$300.00
				(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)
				DIST.	-20 27 DEBIT

*INSURED'S AGE NEXT BIRTHDAY

F-6-55

БИНКИНГИАН. АЛДБАНА

PAID-UP POLICY CERTIFICATE

10

MEIN

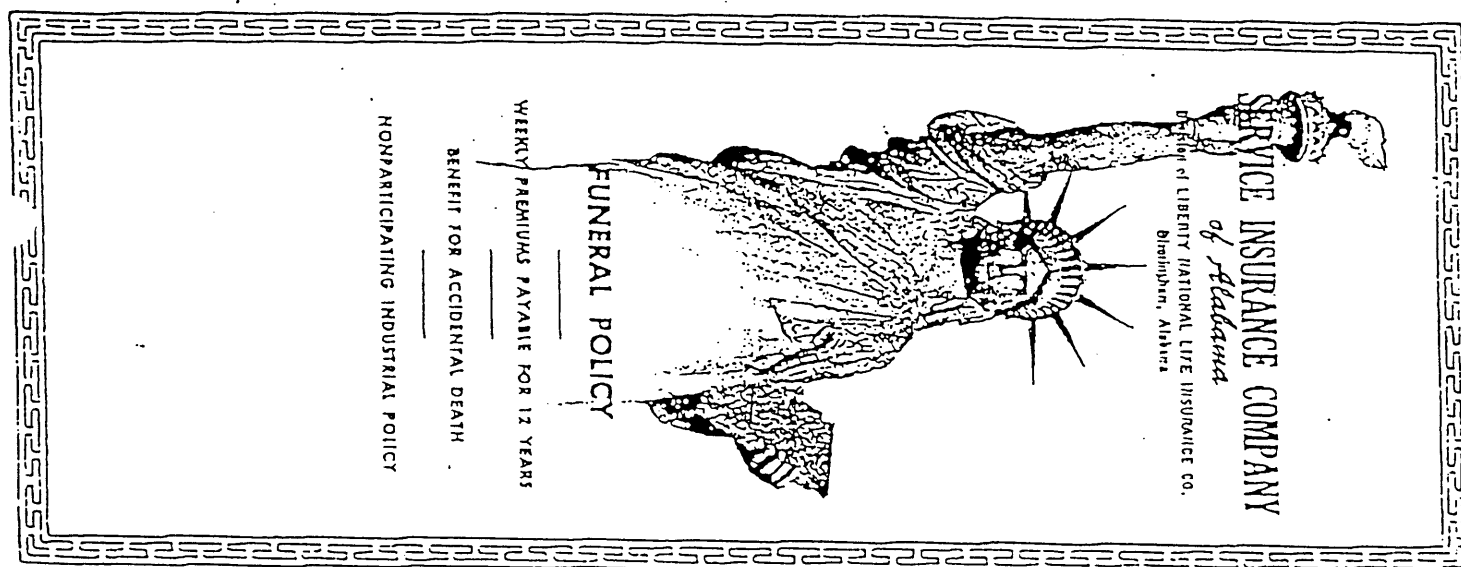
FOR WHICHI X.
CHECK IS ENCLOSED

• SEE REVERSE SIDE •

LIBERITY NATIONALS

~~SECRET~~

C



SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAMS SPENCER		WILLIAMS SPENCER		WK	330
14758551	11 24 69	42	036	\$300	36
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT AGENCY


*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

<p>NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.</p>	
<p>REGISTER OF CHANGE OF BENEFICIARY</p>	
<p>ENDORSED BY</p>	<p>DATE ENDORSED</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE 7-3-78</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</p>	<p>DATE</p>
<p>NAME OF INSURED CHANGED TO</p>	<p>DATE</p>
<p>LIBERTY NATIONAL LIFE INSURANCE CO.</p>	<p>early if the policy is in force as of</p>
<p>by <i>W. H. McCallister</i></p>	<p>Approved by <i>W. H. McCallister</i></p>
<p>SECRETARY</p>	<p>DATE</p>
<p>ENDORSED BY</p>	<p>DATE</p>
<p>BENEFICIARY</</p>	

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGE AT ISSUE	PREMIUM	DATE PAID TO	
			MO.	DAY				MO.	DAY
MC CONNELL FANNIE W	330	14750551	11	24	36	42	36	11	9



Fannie McConnell
P. O. Box 208
Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

SEE REVERSE SIDE

OVERPAYMENT OF PREMIUM

YES ☐ NO ☒

LIBERTY NATIONAL LIFE INSURANCE COMPANY

THIS IS TO CERTIFY THAT THE POLICY
ABOVE IS NOW PAID-UP FOR LIFE
PREMIUMS WILL BE DUE

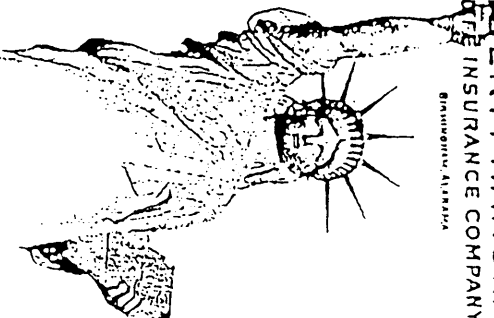
11/14/05

D

DEC-08 10:09 AM WATSON, FEES, & JIMMERSON FAX NO. 1 258 538 2383

P. 15

LIBERTY NATIONAL
LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA



ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS
BENEFIT FOR LOSS OF EYEIGHT OR LIMB
BENEFIT FOR DEATH AT TRAVEL ACCIDENT

PREMIUM PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

SCHEDULE

POLICY NUMBER	NAME OF INSURED	BENEFICIARY	DATE OF BIRTH	AGE	PREMIUM	AMOUNT OF INSURANCE	DATE OF ISSUE	LAST PREMIUM PAYABLE	AGENCY	DISTRICT
15153077	WILLIAMS MITCHELL	WILLIAMS MITCHELL	5-12-1947	42	5.12 WEEKLY	5.15.1997	15	712		

Month Day Year
DATE OF ISSUE

Amount of insurance benefit shown on page one.

36-37

The following endorsement shall take effect
only if the policy is in force as of

DATE 7-3-78
NAME OF INSURED CHANGED TO
Frankie W. McLennan
LIBERTY NATIONAL LIFE INSURANCE CO.

by L. R. Burdick

Approved by W. H. B. [Signature]
SECRETARY

52
12
104
52
12 624 (52 per month)
60
24

ACCIDENT POLICY

LIBERTY NATIONAL
LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

INSURANCE BENEFITS—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death	\$1,000	\$2,000	\$1,000
Death by Travel Accident	3,000	6,000	3,000
Loss of Eyesight	2,500	5,000	2,500
Loss of One Limb	1,000	2,000	1,000
Loss of Two or More Limbs	2,500	5,000	2,500

On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.

ACCIDENTAL DEATH—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

DEATH BY TRAVEL ACCIDENT—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

LOSS OF EYESIGHT OR LIMB—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

EXCLUSIONS FROM COVERAGE—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereof while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereof,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy is Noncancellable and Guaranteed Renewable Until the Policy

Anniversary Immediately Preceding Insured's 70th Birthday

PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

POLICY CONTROL—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

ENTIRE CONTRACT—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

INCONTESTABILITY—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description, effective on the date of loss had existed prior to the effective date of coverage under this policy.

GRACE PERIOD—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

REINSTATEMENT—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

NOTICE OF LOSS—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

CLAIM FORMS—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

PROOF OF LOSS—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PAYMENT OF INSURANCE BENEFITS—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

PHYSICAL EXAMINATIONS—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

LEGAL ACTION—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

BENEFICIARY—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

AGE LIMIT—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

MISSTATEMENT OF AGE—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

OPTION TO SURRENDER—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

ASSIGNMENT—You may not assign this policy or any of its benefits.

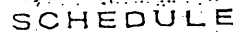
CONFORMITY WITH STATE STATUTES—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.

J. L. Burleson
SECRETARY

Frank P. Sanford
PRESIDENT

E



TYPE
32/82

DATE OF ISSUE AGE PREMIUM FUNERAL BENEFIT LAST PREMIUM PAYABLE

†If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

AUTHORIZED FUNERAL DIRECTOR—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as authorized funeral directors. Whenever the term "authorized funeral director" is used, it means a funeral director under contract with the Mutual Life Insurance Company of New York.

M-3 FD 12-85



Fannie McConnell
 P. O. Box 208
 Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
 ATTACHED TO THE POLICY
 IT DESCRIBES

SEE REVERSE SIDE

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED
 ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
 PREMIUMS WILL BE DUE.
 LIBERTY NATIONAL LIFE INSURANCE CO.

William E. Barclay
 SECRETARY

LIBERTY NATIONAL LIFE INSURANCE COMPANY
 BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	MO.	DAY	YR.	DISTRICT	AGENT	DATE AT ISSUE	PREMIUM	MO.	DAY	YR.	DATE PAID TO	MO.	DAY	YR.
MC CONNELL FANNIE W	320	21460692	5	13	74	67	32	46	424	4	1	92	4	1	92	

***** **

F

DEC-08

9:42:03 AM

WATSON, FEEB, J JIMMERSON

EX NO. 1 258 538 2583

2. 23

BURIAL POLICY SERVICE of Alabama INSURANCE COMPANY BIRMINGHAM, ALA.		PREMIUMS PAYABLE FOR 15 YEARS READ YOUR POLICY AUTHORIZED UNDERTAKER
--	--	---

SCHEDULE								DUPLICATE	
NAME OF INSURED		BENEFICIARY				TYPE POLICY			
WILLIAMS SPENCER		WILLIAMS FANNIE K				F F			
2341929	4 5 65	17	\$.19 WK	\$300.00	36	20			
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DISC.	OCBIT			

*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY		
NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDOERSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.		
DATE ENDOERSED	BENEFICIARY	ENDOERSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____

DEC-08 9:40:13 AM WATSON, FEES, & JIMMERSON

X NO. 1 256 536 2333

P. 24

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 9 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



L. P. Burleson
SECRETARY

[Signature]
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements or and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, or may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) NON-FORFEITURE BENEFITS

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

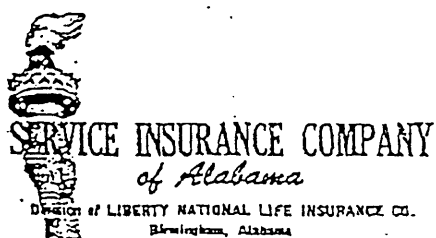
Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below, otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

TABLE OF NON-FORFEITURE BENEFITS

No. of Years Premium Paid*	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS		
	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	
1	37	5	69	5	107	7	149	10	192	13	246	16	322	19	488	22	645	25	891	28	1,174	31	1,500
2	50	5	84	7	114	9	161	11	211	14	271	17	340	20	428	23	534	26	667	29	824	32	1,014
3	59	5	91	7	122	9	170	12	224	15	292	18	369	21	457	24	569	27	700	30	867	33	1,074
4	66	6	102	8	130	10	182	13	242	16	314	19	399	22	492	25	602	28	743	31	904	34	1,114
5	71	6	112	8	140	10	192	13	262	16	334	19	424	22	512	25	632	28	774	31	934	34	1,144
6	74	6	122	8	146	10	202	13	272	16	344	19	434	22	522	25	642	28	784	31	944	34	1,154
7	84	6	136	9	176	11	222	13	272	16	354	19	444	22	532	25	652	28	794	31	954	34	1,164
8	102	7	149	9	187	11	237	13	284	16	364	19	454	22	542	25	662	28	804	31	964	34	1,174
9	106	7	147	9	190	12	240	14	294	16	374	19	464	22	552	25	672	28	814	31	974	34	1,184
10	109	7	160	9	192	12	244	14	298	17	377	19	467	22	555	25	675	28	817	31	977	34	1,187
11	111	7	162	10	196	12	248	14	300	17	380	19	470	22	558	25	678	28	820	31	980	34	1,190
12	113	7	164	10	199	12	248	14	304	17	384	19	474	22	562	25	682	28	824	31	984	34	1,194
13	113	8	167	10	199	12	250	14	308	17	388	19	478	22	566	25	686	28	828	31	988	34	1,198
14	114	8	168	10	199	12	252	14	312	17	392	19	482	22	570	25	690	28	832	31	992	34	1,202
15	114	8	169	11	185	13	252	14	316	17	396	19	486	22	574	25	694	28	836	31	996	34	1,206
16	114	8	169	11	185	13	252	14	316	17	396	19	486	22	574	25	694	28	836	31	996	34	1,206
17	109	8	141	11	176	14	245	14	264	17	352	19	452	22	542	25	662	28	802	31	962	34	1,162
18	105	9	133	11	174	14	242	14	258	17	348	19	448	22	538	25	658	28	798	31	958	34	1,158
19	102	9	135	11	171	14	238	14	248	17	342	19	442	22	532	25	652	28	792	31	952	34	1,152
20	100	9	133	12	163	15	236	14	242	17	342	19	442	22	532	25	652	28	792	31	952	34	1,152
21	98	9	131	12	167	15	232	14	239	17	339	19	439	22	529	25	649	28	789	31	949	34	1,149
22	96	9	130	12	165	15	231	14	236	17	337	19	437	22	527	25	647	28	787	31	947	34	1,147
23	94	9	129	12	163	15	229	14	234	17	335	19	435	22	525	25	645	28	785	31	945	34	1,145
24	92	9	128	12	162	15	227	14	232	17	333	19	433	22	523	25	643	28	783	31	943	34	1,143
25	95	10	127	13	160	14	194	13	230	17	330	19	430	22	520	25	640	28	780	31	940	34	1,140
26	94	10	126	13	159	14	191	13	228	17	328	19	428	22	518	25	638	28	778	31	938	34	1,138
27	91	10	124	13	157	13	188	13	226	17	326	19	426	22	516	25	636	28	776	31	936	34	1,136
28	92	11	121	14	152	17	185	11	215	15	248	18	405	22	505	25	625	28	765	31	925	34	1,125
29	93	11	123	14	155	18	182	11	211	15	244	18	401	22	501	25	621	28	761	31	921	34	1,121
30	93	11	122	14	155	18	180	12	207	15	239	18	397	22	497	25	617	28	757	31	917	34	1,117
31	93	11	121	15	150	18	177	12	205	16	234	18	391	22	491	25	611	28	751	31	911	34	1,111
32	92	12	121	15	148	19	174	12	199	17	232	19	385	22	485	25	605	28	745	31	905	34	1,105
33	90	12	119	15	145	19	171	12	197	17	230	19	383	22	483	25	603	28	743	31	903	34	1,103
34	89	12	117	16	142	20	167	12	191	17	222	19	375	22	475	25	595	28	735	31	895	34	1,095
35	90	12	115	16	140	20	164	12	185	17	220	19	373	22	473	25	593	28	733	31	893	34	1,093
36	88	13	113	17	138	21	160	15	181	18	204	21	364	22	464	25	584	28	724	31	884	34	1,084
37	87	13	112	17	134	21	156	16	176	18	199	21	359	22	459	25	579	28	719	31	879	34	1,079
38	86	13	109	17	131	22	151	16	171	19	190	21	348	22	448	25	568	28	708	31	868	34	1,068
39	85	14	106	18	123	22	144	17	166	21	181	24	341	22	441	25	561	28	701	31	861	34	1,061
40	82	14	104	18	124	23	143	17	161	22	178	24	337	22	437	25	557	28	697	31	857	34	1,057
41	81	14	101	19	121	23	139	18	156	22	172	24	331	22	431	25	551	28	691	31	851	34	1,051
42	78	15	99	19	117	24	131	18	151	23	163	24	324	22	424	25	544	28	684	31	844	34	1,044
43	77	15	96	20	113	24	130	20	145	23	160	24	319	22	419	25	539	28	679	31	839	34	1,039
44	74	16	92	20	109	25	126	20	140	23	154	24	309	22	409	25	529	28	669	31	829	34	1,029
45	71	16	89	20	105	25	120	20	134	24	147	24	302	22	402	25	522	28	662	31	822	34	1,022
46	69	16	86	21	102	26	116	21	129	24	142	24	297	22	397	25	517	28	657	31	817	34	1,017
47	68	16	83	21	99	26	110	22	124	27	137	24	292	22	392	25	512	28	652	31	812	34	1,012
48	62	17	79	22	93	27	104	22	117	29	131	24	285	22	385	25	505	28	645	31	805	34	1,005
49	62	17	79	22	93	27	102	22	113	28	122	24	281	22	381	25	501	28	641	31	801	34	1,001
50	59	17	75	23	86	28	97	23	108	29	119	25	276	22	376	25	496	28	636	31	796	34	996
51	57	18	69	23	81	28	92	24	103	30	114	25	271	22	371	25	491	28	631	31	791	34	991
52	54	18	67	23	77	29	87	24	98	30	109	25	266	22	366	25	486	28	626	31	786	34	986
53	51	18	63	23	74	29	83	24	94	30	105	25	262	22	362	25	482	28	622	31	782	34	982
54	49	19	59	24	68	30	79	25	90	30	101	25	258	22	358	25	478	28	618	31	778	34	978
55	46	19	57	24	66	30	77	25	88	30	99	25	254	22	354	25	474	28	614	31	774	34	974
56	44	19	55	25	62	31	76	26	84	30	97	25	250	22	350	25	470	28	610	31	770	34	970
57	41	19	50	25	60	31	72	27	81	31	93	25	246	22	346	25	466	28	606	31	766	34	966
58	39	20	47	26	55	31	66	27	79	31	90	25	242	22	342	25	462	28	602	31	762	34	962
59	36	20	44	26	51	32	63	27	74	31	85	25	238	22	338	25	458	28	598	31	758	34	958
60	34	20	41	26	48	32	60	27	71	31	82	25	234	22	334	25	454	28	594	31	754	34	954
61	32	20	39	26	46	32	58	28	69	31	80	25	230	22	330	25	450	28	590	31	750	34	950
62	30	20	36	26	43	33	54	28	66	31	77	25	226	22	326	25	446	28	586	31	746	34	946
63	28	21	33	27	40	33	51	28	63	31	74	25	222	22	322	25	442	28	582	31	742	34	942
64	26	21	31	27	38	33	49	28	61	31	72	25	218	22	318	25	438	28	578	31	738	34	938
65	24	21	29	27	36	33	47	28	59	31	70	25	214	22	314	25	434	28	574	31	734	34	934
66	22	21	27	27	34	33	45	28	57	31	68	25	210	22	31								

* Premiums must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See page 4 for details.

G



FUNERAL POLICY

WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

NONPARTICIPATING INDUSTRIAL POLICY

SCHEDULE

NAME OF INSURED	BENEFICIARY				PREMIUM PAYABLE WK	TYPE
WILLIAMS SPENCER	WILLIAMS FANNIE				WK	330
14750553	11	24	69	21	023	15
POLICY NUMBER	MO. DAY YR.		AGE LAST BIRTHDAY AT DATE OF ISSUE	CENTS WEEKLY PREMIUM	RETAIL VALUE	DISTRICT AGENCY

In prior to age ten, the retail value is a reduced amount providing comparable benefits.

• SEC REVIEW BIDE •

H



BENEFIT FOR DEATH BY ACCIDENTAL MEANS

**BENEFIT FOR DEATH BY AUTOMOBILE
ACCIDENT**

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

WFO-4-07

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		TYPE	
5907890		S. C. H. D. H.		S. C. H. D. H.		5907890	
DATE OF ISSUE		AGE		PREMIUM		AMOUNT OF INSURANCE	
Month Day Year		Month Day Year		Month Day Year		Month Day Year	
Amount of insurance benefits shown on page one		Last premium payable		Agency		District	

DE 199 12:53PM WATSON FEES JIMPERSON P. 8/19

F-435

AUTHORIZED UNDERTAKER

READ YOUR POLICY

PREMIUM PAYABLE FOR 11 YEARS

IRMININGHAM, ALA.

SERVICE INSURANCE COMPANY of Alabama

GRADUATE POLICY

SCHEDULE 1 DUPLICATE

NAME OF INSURED	BENEFICIARY	TYPE POLICY
WILLIAMS NETA A	WILLIAMS FANNIE K	F

POLICY NUMBER	MO.	DAY	YR.	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DEBT.	DEBT
2341930	4	5	68	9	\$.16	\$300.00	36	20

*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESSES

BENEFICIARY

Dated at _____ this _____ day of _____, 19____

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in this schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 85 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3 1/4% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether received or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.3. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

J. 199 11:21 AM WATSON FEE INTERSON

P. 12/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) **BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) **BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) **NON-FORFEITURE BENEFITS**

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

'99 11:22AM LATSON -ES JIMMERSON

P. 11/19

TABLE OF NON-FORFEITURE BENEFITS

[illegible]

* Payments must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph 8 of this Policy.

DEC 28 '99 11:23AM WAT

FEEB JIMMERSON

P. 12/19

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

DATE 11 23 81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENT	NO. OF YEARS	PREMIUM	DATE PAID TO			MAYON DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
WILLIAMS NETA A	330	14708585	11	24	69	36	26	13	10	11	9	01	11	9	01

OVERPAYMENT OF PREMIUM


NET OVERPAYMENT
FOR WHICH A
CHECK IS ENCLOSED

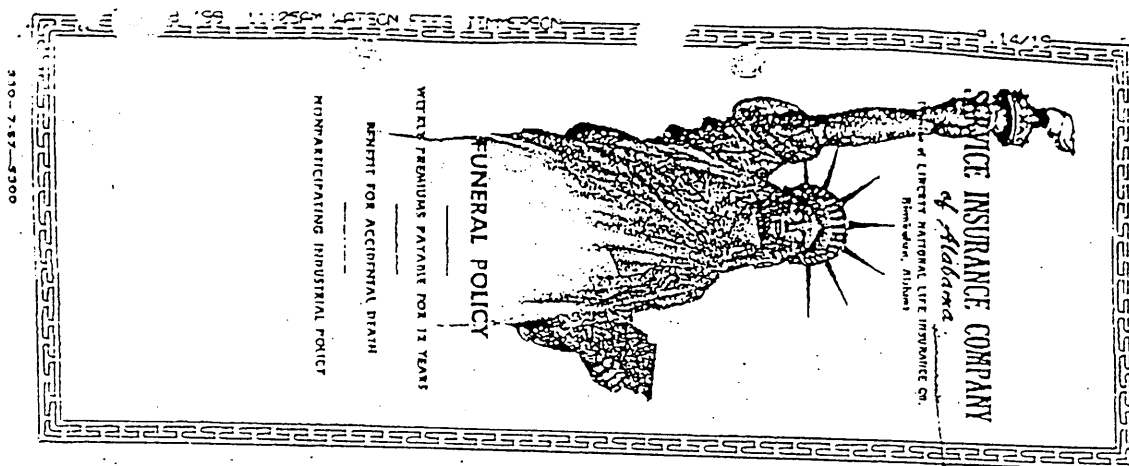
THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

Frederick A. Aschbacher
SECRETARY

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES • SEE REVERSE SIDE •

 MAY 20 1947



SCHEDULE

NAME OF INSURED		BENEFICIARY			PREMIUMS PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE			WK	330
14758555	11 24 69	13	018	\$300	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	CENTS WEEKLY PREMIUM	RETAIL VALUE	DISTRICT	AGENCY

*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____.

S '99 11:25AM WATSON FEE JIMMERSON

P.15/19

SERVICE INSURANCE COMPANY

of Alabama

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

INSURANCE AGREEMENT—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

AUTHORIZED FUNERAL DIRECTOR—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

FUNERAL BENEFIT—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

Casket and suit or dress.

Transportation of remains to funeral home (not to exceed 35 miles).

Embalming and preparation of remains.

Use of funeral parlor.

A place where the funeral service may be held.

Assistance in conducting the funeral service.

Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.

Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).

In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

GRACE PERIOD—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

FUNERAL POLICY

Weekly Premiums Payable for 12 Years

Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY

ACCIDENTAL DEATH BENEFIT—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries affected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

Exceptions—No benefit for accidental death will be payable (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

LOSS OF EYESIGHT OR LIMBS—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

Conditions—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

Exceptions—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

RESERVE BASIS—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

NONFORFEITURE BENEFITS—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown if there is no indebtedness against this policy. The actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

EXTENDED INSURANCE—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	10 YEARS	11 YEARS	12 YEARS		
of Issue	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.	Tot. Mort.		
0												0	
1												1	
2												2	
3												3	
4												4	
5												5	
6												6	
7												7	
8												8	
9												9	
10												10	
11												11	
12												12	
13												13	
14												14	
15												15	
16												16	
17												17	
18												18	
19												19	
20												20	
21												21	
22												22	
23												23	
24												24	
25												25	
26												26	
27												27	
28												28	
29												29	
30												30	
31												31	
32												32	
33												33	
34												34	
35												35	
36												36	
37												37	
38												38	
39												39	
40												40	
41												41	
42												42	
43												43	
44												44	
45												45	
46												46	
47												47	
48												48	
49												49	
50												50	
51												51	
52												52	
53												53	
54												54	
55												55	
56												56	
57												57	
58												58	
59												59	
60												60	
61												61	
62												62	
63												63	
64												64	
65												65	

CASH VALUE—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

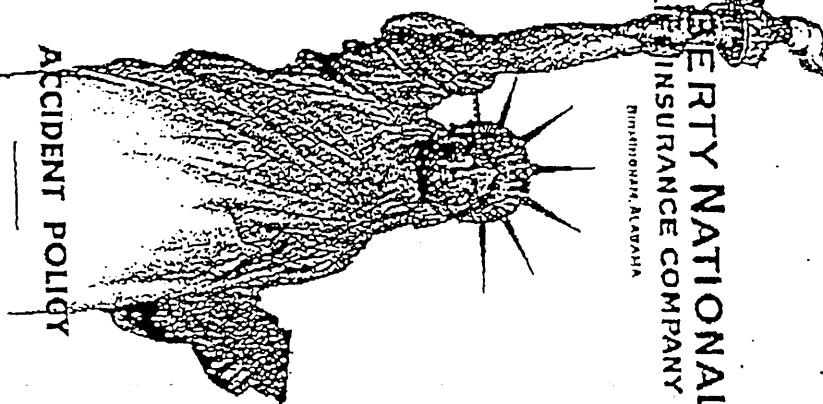
Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1	4	8	12	17	23	30	38	47	57	68	80	0
1	1	5	10	15	22	30	39	49	60	72	85	100	1
2	1	6	12	18	27	37	48	60	74	88	104	123	2
3	1	7	14	21	32	44	57	71	87	104	123	145	3
4	1	8	16	24	37	51	66	82	100	119	140	165	4
5	1	9	18	27	42	58	75	93	113	134	158	187	5
6	1	10	20	30	45	63	83	103	125	148	175	208	6
7	1	11	22	33	50	70	92	114	138	163	193	230	7
8	1	12	24	36	54	76	100	124	150	177	210	251	8
9	1	13	26	39	59	82	108	134	162	191	227	272	9
10	1	14	28	42	64	88	116	144	174	205	245	295	10
11	1	15	30	45	69	94	124	154	186	219	262	317	11
12	1	16	32	48	74	101	134	166	200	235	282	342	12
13	1	17	34	51	79	108	144	178	216	253	304	365	13
14	1	18	36	54	84	116	156	192	234	274	330	398	14
15	1	19	38	57	89	124	168	208	254	296	352	427	15
16	1	20	40	60	94	133	181	224	276	320	378	462	16
17	1	21	42	63	99	142	195	242	298	344	405	495	17
18	1	22	44	66	104	151	209	262	322	370	435	528	18
19	1	23	46	69	109	161	224	284	348	398	468	565	19
20	1	24	48	72	114	171	240	308	376	428	504	608	20
21	1	25	50	75	119	181	257	334	406	460	544	658	21
22	1	26	52	78	124	191	274	362	438	494	588	718	22
23	1	27	54	81	129	201	292	392	472	528	628	778	23
24	1	28	56	84	134	211	311	424	508	564	674	838	24
25	1	29	58	87	139	221	331	458	546	604	718	898	25
26	1	30	60	90	144	231	352	494	586	646	768	968	26
27	1	31	62	93	149	241	374	532	628	690	818	1038	27
28	1	32	64	96	154	251	396	572	672	738	868	1108	28
29	1	33	66	99	159	261	419	614	718	788	918	1178	29
30	1	34	68	102	164	271	442	658	766	838	968	1248	30
31	1	35	70	105	169	281	466	704	816	890	1018	1318	31
32	1	36	72	108	174	291	491	752	870	944	1078	1388	32
33	1	37	74	111	179	301	516	802	926	1008	1138	1458	33
34	1	38	76	114	184	311	542	854	984	1068	1208	1528	34
35	1	39	78	117	189	321	568	908	1046	1128	1278	1598	35
36	1	40	80	120	194	331	594	964	1110	1190	1348	1668	36
37	1	41	82	123	199	341	620	1020	1176	1252	1418	1738	37
38	1	42	84	126	204	351	646	1078	1244	1314	1488	1808	38
39	1	43	86	129	209	361	672	1136	1314	1376	1558	1878	39
40	1	44	88	132	214	371	698	1196	1386	1440	1628	1948	40
41	1	45	90	135	219	381	724	1258	1460	1504	1698	2018	41
42	1	46	92	138	224	391	750	1322	1536	1568	1768	2088	42
43	1	47	94	141	229	401	776	1388	1614	1634	1838	2158	43
44	1	48	96	144	234	411	802	1456	1694	1700	1908	2228	44
45	1	49	98	147	239	421	828	1526	1776	1768	1978	2298	45
46	1	50	100	150	244	431	854	1598	1860	1834	2048	2368	46
47	1	51	102	153	249	441	880	1672	1946	1900	2118	2438	47
48	1	52	104	156	254	451	906	1748	2032	1968	2188	2508	48
49	1	53	106	159	259	461	932	1826	2120	2034	2258	2578	49
50	1	54	108	162	264	471	958	1906	2210	2100	2328	2648	50
51	1	55	110	165	269	481	984	1988	2300	2168	2398	2718	51
52	1	56	112	168	274	491	1010	2072	2392	2234	2468	2788	52
53	1	57	114	171	279	501	1036	2158	2486	2300	2538	2858	53
54	1	58	116	174	284	511	1062	2246	2582	2368	2608	2928	54
55	1	59	118	177	289	521	1088	2334	2680	2434	2678	2998	55
56	1	60	120	180	294	531	1114	2424	2780	2500	2748	3068	56
57	1	61	122	183	299	541	1140	2516	2882	2568	2818	3138	57
58	1	62	124	186	304	551	1166	2608	2986	2634	2888	3208	58
59	1	63	126	189	309	561	1192	2702	3092	2700	2958	3278	59
60	1	64	128	192	314	571	1218	2798	3200	2768	3028	3348	60
61	1	65	130	195	319	581	1244	2896	3310	2834	3098	3418	61
62	1	66	132	198	324	591	1270	2994	3422	2900	3168	3488	62
63	1	67	134	201	329	601	1296	3094	3536	2968	3238	3558	63
64	1	68	136	204	334	611	1322	3196	3652	3034	3308	3628	64
65	1	69	138	207	339	621	1348	3298	3770	3100	3378	3698	65
66	1	70	140	210	344	631	1374	3402	3890	3168	3448	3768	66
67	1	71	142	213	349	641	1400	3508	4012	3234	3518	3838	67
68	1	72	144	216	354	651	1426	3616	4136	3300	3588	3908	68
69	1	73	146	219	359	661	1452	3726	4262	3368	3658	3978	69
70	1	74	148	222	364	671	1478	3838	4390	3434	3728	4048	70
71	1	75	150	225	369	681	1504	3952	4520	3500	3798	4118	71
72	1	76	152	228	374	691	1530	4068	4652	3568	3868	4188	72
73	1	77	154	231	379	701	1556	4186	4786	3634	3938	4258	73
74	1	78	156	234	384	711	1582	4306	4922	3700	4008	4328	74
75	1	79	158	237	389	721	1608	4428	5060	3768	4078	4398	75
76	1	80	160	240	394	731	1634	4552	5200	3834	4148	4468	76
77	1	81	162	243	399	741	1660	4678	5342	3900	4218	4538	77
78	1	82	164	246	404	751	1686	4806	5486	3968	4288	4608	78
79	1	83	166	249	409	761	1712	4936	5632	4034	4358	4678	79
80	1	84	168	252	414	771	1738	5068	5780	4100	4428	4748	80
81	1	85	170	255	419	781	1764	5206	5930	4168	4498	4818	81
82	1	86	172	258	424	791	1790	5346	6082	4234	4568	4888	82
83	1	87	174	261	429	801	1816	5488	6236	4300	4638	4958	83
84	1	88	176	264	434	811	1842	5632	6392	4368	4708	5028	84
85	1	89	178	267	439	821	1868	5780	6550	4434	4778	5098	85
86	1	90	180	270	444	831	1894	5930	6710	4500	4848	5168	86
87	1	91	182	273	449	841	1920	6082	6872	4568	4918	5238	87
88	1	92	184	276	454	851	1946	6236	7036	4634	4988	5308	88
89	1	93	186	279	459	861	1972	6392	7202	4700	5058	5378	89
90	1	94	188	282	464	871	1998	6550	7370	4768	5128	5448	90
91	1	95	190	285	469	881	2024	6710	7540	4834	5198	5518	91
92	1	96	192	288	474	891	2050	6872	7712	4900	5268	5588	92
93	1	97	194	291	479	901	2076	7036	7886	4968	5338	5658	93
94	1	98	196	294	484	911	2102	7202	8062	5034	5408	5728	94
95	1	99	198	297	489	921	2128	7370	8240	5100	5478	5798	95
96	1	100	200	300	494	931	2154	7540	8420	5168	5548	5868	96
97	1	101	202	303	499	941	2180	7712	8602	5234	5618	5938	97
98	1	102	204	306	504	951	2206	7886	8786	5300	5688	6008	98
99	1	103	206	309	509	961	2232	8062	8972	5368	5758	6078	99
100	1	104	208	312	514	971	2258	8240	9160	5434	5828	6148	100

BENEFICIARY—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

REINSTATEMENT—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

K

PHILADELPHIA, ALABAMA



ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

**BENEFIT FOR DEATH BY AUTOMOBILE
ACCIDENT**

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

**THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY.**

BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

POLICY NUMBER		NAME OF ASSURED	DATE OF BIRTH		SEX		RACE	AGE		PREMIUM		AMOUNT OF INSURANCE		DATE OF LAST PREMIUM PAYABLE		AGENCY	DISTRICT

* Amount of insurance benefit shown on page one.

IN THE UNITED STATES DISTRICT COURT
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE)
McCONNELL, SPENCER WILLIAMS,)
and ANITA BOWERS, on Behalf of)
themselves and all Others Similarly)
Situating,)

Plaintiff,)

vs.)

LIBERTY NATIONAL INSURANCE)
COMPANY,)

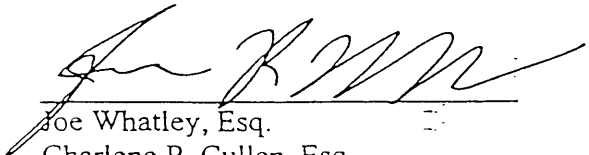
Defendant.)

Civ.No.:

CLASS ACTION

REQUEST FOR SERVICE BY
CERTIFIED MAIL

Please serve the defendants Liberty National Insurance Company, by certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules of Civil Procedure 4(c)(2)(C)(i).


Joe Whatley, Esq.

Charlene P. Cullen, Esq.

Whatley Drake, L.L.C.

1100 Financial Center

505 20th Street North

Birmingham, AL 35203

Office: (205) 328-9576

Fax: (205) 328-9669

Herman Watson, Esq.
Rebekah Keith, Esq.
Watson Jimmerson, P.C.
200 Clinton Avenue West, Suite 800
Post Office Box 46
Huntsville, AL 35804
Office: (256) 536-7423
Fax: (256) 536-2689

Melvyn I. Weiss, Esq.
Milberg, Weiss, Bershad, Hynes
& Lerach, L.L.P.
One Pennsylvania Plaza
New York, NY 10119-0165
Office: (212) 594-5300
Fax: (212) 868-1229

John J. Stoia, Jr., Esq.
Milberg, Weiss, Bershad, Hynes
& Lerach, L.L.P.
600 West Broadway
Suite 1800
San Diego, California 92101-5050
Office: (619) 231-1058
Fax: (619) 231-7423

W. Christian Hoyer, Esq.
Christa L. Collins, Esq.
James Hoyer Newcomer Forizs
& Smiljanich, P.A.
One Urban Center, Suite 147
4830 West Kennedy Boulevard
Tampa, FL 33609
Office: (813) 286-4100
Fax: (813) 286-4174

Andrew S. Friedman, Esq.
Bonnett, Fairbourn, Friedman
& Balint, P.C.
4041 North Central Avenue
Suite 1100
Phoenix, AZ 85012-3311
Office: (602) 274-1100
Fax: (602) 274-1199

Ron Parry, Esq.
Arnzen, Parry & Wentz, P.S.C.
128 East Second Street
Post Office Box 472
Covington, KY 41012-0472
Office: (606) 431-6100
Fax: (606) 431-2211